

EPV0973

Factors attributed to violent behaviour by primary caregivers toward their relative with schizophrenia

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Introduction: There is a modest but consistent association between violent behavior and schizophrenia. Persons with schizophrenia are at a modestly increased risk of committing violence, with approximately half of victims being relatives

Objectives: Our study examined the factors attributed to violent behaviour within the relationship patient-caregiver in schizophrenia according to caregivers.

Methods: This is a cross-sectional study among caregivers of patients with schizophrenia during the period from June to August 2022. Patients who attended our department of psychiatry at the Razi.

The questionnaire was divided into three sections. The first section contained items regarding patient- and caregiver-related information.

In the second section, caregivers were asked questions about their experience of violence perpetration and victimization involving their relative with schizophrenia in the past 12 months.

Beyond frequency, caregivers were also asked to specify, the causes of the violence perpetrated and suffered

The third section contained two measures, i.e. the Depression Anxiety and Stress Scales (DASS-21) and the abridged version of the Zarit Burden Interview (ZBI), assessing psychological distress and caregiving burden, respectively. The protocol of the study was approved by the ethics committee of the Razi Psychiatric Hospital.

Results: The majority of caregivers were females (63.6%), and consisted of patients' parents (50.9%).

The most endorsed causes of violence victimization were symptoms of illness (57.3%), followed by refusal to adhere to treatment (49.1%), drug reaction (23.6%), and negative events; while the most reported causes of violence perpetration were refusal to adhere to treatment (42.7%), Symptoms of illness (37.3%), and limitation of patients' activities and/or liberty (32.7%).

Bivariate analysis showed that lower patients' economic status ($p=.042$), tobacco ($p=.015$) and alcohol use ($p=.014$) as well as taking Trihexyphenidyl ($p=.001$) were significantly and positively associated with violence perpetration by caregivers against their relatives with schizophrenia.

Multivariable analysis (Logistic regression) revealed that caregivers' levels of burden remained significantly associated with violence victimization occurrence ($p=.026$; $OR=1.48$), while only having other person in charge of caring represented a significant factor associated with perpetration of any form of violence against patients ($p=.007$; $OR=.17$).

Conclusions: It is important for medical staffs to provide caregivers with professional knowledge about patients' real motivation for violence in order to improve their skills of problem-solving.

Disclosure of Interest: None Declared

EPV0974

Differential effects of specific antipsychotic drugs on metabolic markers and diabetes: A register-based study on 4,909 patients with schizophrenia

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Introduction: Antipsychotics (AP) are used as the primary pharmaceutical treatment for schizophrenia. Randomised clinical trials (RCT) show that the initiation of AP treatment often induces side effects such as substantial weight gain and metabolic disturbances, including an increased risk of type-2 diabetes (DM). However, the limitations of RCTs are often small cohorts that only represent a minority of patients with schizophrenia seen in everyday clinical settings leading to selection bias. Many RCTs are also limited by a short follow-up time, as evaluation of metabolic disturbances requires months to years of observation.

Objectives: Within a large cohort of real-world patients with long-term follow-up, we aim to study the differential metabolic side effects of specific antipsychotic drugs.

Methods: We performed a retrospective cohort study using the electronic patient record system "MidtEPJ", which contains data from blood samples and medication usage from all patients registered with a schizophrenia diagnosis (ICD-10 code DF20) in the central region of Denmark from 2016-2022. Patients were followed from September 2016 (for patients with a schizophrenia diagnosis before this date) or their first schizophrenia diagnosis. The exposure is treatment with AP medication. Outcomes of interest are the development of DM, defined as a diagnosis of DM or usage of anti-diabetic medication, and changes in HbA1c, glucose, and cholesterol levels (high-density lipoprotein [HDL], low-density lipoprotein [LDL], total cholesterol and triglycerides). We performed cox regression analyses to study the associations between specific AP compounds with the differential risk for developing DM and changes in metabolic markers.

Results: We identified 4909 individual patients with a schizophrenia diagnosis from October 1st, 2016, to September 30th, 2022. AP was subscribed to 4609 of these patients. The results will be presented at the 2023 EPA Congress.

Conclusions: Our results will be discussed at the conference.

Disclosure of Interest: None Declared

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I don't know where I'm going or where I come from. Self-disorders in schizophrenia.

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